



OAK RIDGE INSTITUTE FOR SCIENCE AND EDUCATION

Professional Internship Program

General Eligibility Requirements to Apply

1. Applicants must be students in good standing at accredited U.S. colleges or universities or accepted as an entering freshman or beginning graduate student, or received BS degree within 2 years of appointment dates.
2. Overall minimum GPA requirement is 2.50 (based on A=4.0).
3. Applicants pursuing a degree must remain at full-time status during the internship appointment.
4. U.S. citizens only at SRS.

Additional Requirements for Participation

1. Applicants must be at least 18 years of age at the time of appointment.
2. Participants are required to provide proof of coverage under a health insurance plan **PRIOR** to beginning an appointment.

Instructions

An application, including official transcripts and references, will be reproduced by the Oak Ridge Institute for Science and Education and transmitted to the facilities for review.

A complete application consists of:

Application Form: Part I – Applicant Information Form, two pages
 Part II – Courses and Grades Pertaining to Your Major
 Part III – Description of Research Interests and Career Plans
Two References: at least one academic reference required
Official transcripts from **all** universities and colleges attended

1. Complete all information requested on Parts I, II, and III. Incomplete applications will be delayed in processing.
2. Sign Parts I and II. This is required; an application without signatures will be returned.
3. Send Parts I, II, and III of the application to the address below. The applicant Data Form is optional.
4. Request official transcripts from ALL institutions of higher education attended to be sent directly to the address below.
5. Arrange for references to be sent to the address below. Two references are required; at least one of these must be academic. A letter may be sent instead of, or in addition to, the form.

Application, official transcripts, and reference forms should be sent directly to the address below:

Norma Patterson
Professional Internship Program
Oak Ridge Institute for Science and Education
Science and Engineering Education, MS 36
P.O. Box 117
Oak Ridge, Tennessee 37831-0117

Phone: (865) 241-2877 Fax: (865) 574-2845
E-mail: norma.patterson@ornl.gov

APPLICATION FOR: _____ Savannah River Site

Scientific contact person at facility (optional) _____

APPLICANT INFORMATION FORM (Please type or print using black ink)

My application may be reviewed by other similar programs. () Yes () No

Dates available for participation _____ to _____ (Month/Day/Year)

Name _____ **SSN** _____
First Middle Last

Preferred Mailing Address _____
Street Name, Apartment Number, or P.O. Box

City State Zip

Permanent Address _____
Street Name, Apartment Number, or P.O. Box

City State Zip

Current Phone _____ **Permanent Phone** _____

Fax Number _____ **E-mail Address** _____

Citizenship U.S. Citizen () Yes () No If no, country _____

If no, Permanent Resident () Yes () No If yes, PRA Number _____

Health Insurance (required for appointment)

Company Name _____ Effective Date _____

References – two persons who have been asked to transmit references directly to ORISE

1. _____ 2. _____

Current University _____

City/State _____ Graduation Date _____

Department _____ Major _____

Cumulative GPA (4.0 scale) Undergraduate _____ Graduate _____

Degree Program (degree working toward)

() Associate's () Bachelor's () Master's () Doctoral

At the time of appointment, I will be classified as:

() Freshman () Sophomore () Junior () Senior () Post-BS () Graduate Student

Computer Languages – list and rate your proficiency in each as good, very good, or expert

Computer Language	Proficiency	Computer Language	Proficiency

Academic Awards and Honors

Education – list all previous colleges/universities attended

College/University	Major	Dates Attended	Degree Program	Degree Date

Employment/Experience (paid or unpaid)

Employer	Dates	Position/Title

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE

COURSES AND GRADES PERTAINING TO YOUR MAJOR

This form does not replace the college transcript, which is also required.

List all courses pertaining to your major.

Name _____

Course Number	Course Name	Credit Hours	Grade
Completed Courses			
Current Courses			

I certify that, to the best of my knowledge, the above courses and grades are complete and correct.

Signature _____ Date _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT SIGNATURE



DESCRIPTION OF RESEARCH INTERESTS AND CAREER PLANS

Please print or type

Name _____

1. Description of Research Interests

2. Description of Career Plans

Reference Form

Applicant Name _____

How long and in what association have you known this applicant? _____

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Personal Characteristics	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Motivation Toward a Productive Career						
Growth During Total Period Observed						
Imagination and Originality of Thought						
Emotional Maturity and Stability						
Ability to Work with Others						
Independence and Self-Reliance						
Leadership Potential						

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

Capabilities	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Mastery of Fundamentals						
Skill/Originality of Special Projects						
Ability to Communicate (Written/Oral)						

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.

Signature _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____

Attention: Norma Patterson

Reference Form

Applicant Name _____

How long and in what association have you known this applicant? _____

In a group of 100 other students of comparable age and experience, how would you rate the applicant with respect to the following:

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Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential. Use additional sheets if necessary.

Signature _____ Dept. _____

Typed/Printed Name _____ Date _____

Address _____

Return to: Norma Patterson, ORISE, MS 36, P.O. Box 117, Oak Ridge, TN 37831-0117
 Phone: (865) 241-2877 Fax: (865) 574-2845

***Applicant Data***

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard.

Recognizing the importance of achieving a diverse group of participants will be based on several factors. These criteria include, but are not limited to, disciplinary field, academic records, recommendations, and relevance to the facility's mission, ethnic background, and gender.

Providing this information is voluntary. If you decline to give this information, it will in no way affect consideration of your application.

Name _____ Date _____

- Race**
- () **Caucasian** (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)
 - () **African-American** (Having origins in any Black racial groups of Africa)
 - () **Hispanic** (of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)
 - () **American Indian** (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation or community recognition)
 - () **Asian or Pacific Islander** (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands – for example, India, China, Japan, Korea, Philippine Islands, and Samoa)
 - () **Other** _____

Gender

() Female () Male

Birth Date _____
Month Day Year

Physical/mental handicap (physical or mental impairment that substantially limits one or more major life activities – for example blindness, deafness, or mobility impairment) Yes _____ No _____